



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MASSHEALTH
TRANSMITTAL LETTER DEN-59
March 2002

TO: Dental Providers Participating in MassHealth

FROM: Wendy E. Warring, Commissioner

RE: *Dental Manual* (Revisions to the MassHealth Dental Program)

I. Introduction

This letter transmits changes to the MassHealth dental program at 130 CMR 420.000, effective March 15, 2002. All of the information in this transmittal letter, as well as the revised regulations, is available on the Division's Web site at www.mass.gov/dma.

The regulations do not alter dental services for members under age 21. Certain services, however, will no longer be covered for members aged 21 and older, with the exception of members with "Special Circumstances." MassHealth members with Special Circumstances are generally those with a crucial medical need for dental care, such as members with severe, chronic disabilities who are unable to maintain oral hygiene and those for whom oral disease may be life threatening. A member's dental provider must submit a request for prior authorization in accordance with 130 CMR 420.410(D) to obtain a Special Circumstances designation for the member. The regulations also include some other minor revisions intended to streamline prior-authorization procedures. These revisions are described in Section VII of this transmittal letter.

The attached revised dental regulations are organized as follows:

- Introductory Sections (130 CMR 420.401 through 420.419);
- Service Descriptions and Limitations: Members Under Age 21 (130 CMR 420.421 through 420.429);
- Service Descriptions and Limitations: Members Aged 21 and Older Who Meet the Special Circumstances Criteria (130 CMR 420.432 through 420.439);
- Service Descriptions and Limitations: Other Members Aged 21 and Older (130 CMR 420.442 through 420.449); and
- Service Descriptions and Limitations: All Members (130 CMR 420.451 through 420.457).

II. Covered (Retained) Services—Members Aged 21 and Older

Effective March 15, 2002, MassHealth will cover the following dental services for members aged 21 and older:

- emergency-care visits, including X rays;
- extractions;
- oral surgery; and
- dentures (full and partial).

For full service descriptions and limitations for members aged 21 and older, please see 130 CMR 420.442 through 420.449 and 130 CMR 420.452 through 420.457 in the attached revised regulations. There are some limited exceptions under which certain services not otherwise covered on or after March 15 may be covered for members aged 21 and older, subject to prior authorization. The specific service descriptions and limitations for the exceptions are set forth in the attached regulations at 130 CMR 420.445, 420.446, 420.447, 420.448(D), and 420.449(B).

III. Covered Services—Special Circumstances Members Aged 21 and Older

Effective March 15, 2002, in addition to the retained services listed in the preceding section, MassHealth will cover the following dental services for members aged 21 and older with an approved Special Circumstances prior authorization:

- diagnostic services including oral evaluation (comprehensive and periodic);
- preventive services including prophylaxis, deep scaling/curettage, and gingivectomy or gingivoplasty;
- restorative services including amalgam restorations, composite resin restorations, reinforcing pins, and crowns for anterior teeth; and
- endodontic services including root canals for anterior teeth.

For full service descriptions and limitations for members aged 21 and older with Special Circumstances, please see 130 CMR 420.432 through 420.439 and 130 CMR 420.452 through 420.457 in the attached regulations. **Please note that the service descriptions and limitations for members with Special Circumstances are the same as those in effect for the adult dental program prior to March 15, 2002.**

IV. General Guidelines Chart

Providers may use **Attachment 1**, *MassHealth Dental Services General Guidelines*, as a quick reference for services covered under the MassHealth dental program effective March 15, 2002. Providers should consult the regulations cited in the guidelines for a complete description of the conditions, limitations, and possible exceptions that may apply to each service.

V. Special Circumstances

A. Criteria

A copy of the criteria that members aged 21 and older must meet to be approved for Special Circumstances designation is included with this letter (see **Attachment 2, Parts I and III**). The criteria may also be found in Section 420.410(D) of the attached revised dental regulations.

B. Requesting Special Circumstances Designation

Providers are required to submit with the request for prior authorization for Special Circumstances, a clear, written statement signed by the member's physician or primary care clinician (on the clinician's letterhead) that describes the member's disability and/or clinical condition according to the specifications described in **Attachment 2**.

To assist providers to meet this requirement, the Division is issuing a provider bulletin to MassHealth physicians, independent nurse practitioners, community health centers, hospital licensed health centers, and hospital outpatient departments regarding the revision of the dental regulations, indicating specifically, the criteria for Special Circumstances designation, and the documentation required to demonstrate Special Circumstances. These bulletins will be available on the Division's Web site at www.mass.gov/dma.

1. The Process

A provider must follow the process outlined below for requesting Special Circumstances designation for any member aged 21 and older.

- a. Submit a **separate** prior-authorization request (PA-1 form) for Special Circumstances designation on behalf of the member. This prior-authorization request is specific to the Special Circumstances designation. **No dental service requiring prior authorization should be included with this PA request.** (Service-specific prior-authorization requests should be submitted on a separate PA-1 form and may include more than one dental service.)

- b. Write "Special Circumstances" or "SC" in Block 13 of the PA-1 form.
- c. Include a written statement signed by the member's physician or primary care clinician (on the clinician's letterhead) that describes the member's disability and/or clinical condition according to the specifications described in **Attachment 2**.

2. Other Instructions

a. Approval Period

Special Circumstances designation will be approved for a period of up to three years. The provider will not need to submit a request for Special Circumstances each time a service is provided. Providers will be reimbursed for all covered services that do not have service-specific prior-authorization requirements. *However, please note that all service-specific prior-authorization requirements continue to apply. For example, root canals require prior authorization.*

b. Services That Have Service-Specific PA Requirements

The provider should include the Special Circumstances prior-authorization number on each service-specific prior-authorization request for a service that requires a Special Circumstances designation.

c. Services Delivered by a Different Provider

The Special Circumstances designation is specific to the dental provider who submitted the Special Circumstances prior-authorization request. If a member goes to a different dental provider, the new provider must send in a PA-1 form, indicating that the member has already been designated as meeting the Special Circumstances criteria. The Division will then issue a Special Circumstances prior-authorization number specific to the new provider.

C. Continued Coverage Between March 15, 2002, and March 25, 2002

Members may qualify for continued coverage between March 15, 2002, and March 25, 2002.

- 1. If the Division receives a prior-authorization request for Special Circumstances designation for a member by March 25, 2002, the member may continue to receive all services otherwise available only to members with such Special Circumstances designation until the Division has acted on the prior-authorization request. *Please note that all service-specific prior-authorization requirements continue to apply.*

2. All claims for services delivered to members requesting Special Circumstances by March 25, 2002, must be submitted on paper to:

Division of Medical Assistance
Special Dental Billing Unit
600 Washington Street, 6th Floor
Boston, MA 02111

3. If providers submit electronic claims that are denied, such claims should be resubmitted on paper to the above address.

D. Denial of Requests for Special Circumstances Designation

1. If the Division denies a prior-authorization request for Special Circumstances designation, the member will receive a notice including the reason for the Division's decision and a form for requesting a fair hearing.
2. If the Division receives a prior-authorization request for Special Circumstances designation by March 25, 2002, denies the request, and the member appeals the decision, the Division will pay for any service otherwise available only to members with such Special Circumstances designation until the Board of Hearings renders its decision. *Please note that all service-specific prior-authorization requirements continue to apply.*
3. If dental services are provided while the member's appeal is pending, the provider should submit paper claims for those dates of service to:

Division of Medical Assistance
Special Dental Billing Unit
600 Washington Street, 6th Floor
Boston, MA 02111

E. Requests for Special Circumstances PAs Submitted After March 25, 2002

If a provider submits a request for a prior authorization for Special Circumstances designation after March 25, 2002, the Division will pay only for services otherwise covered for all members aged 21 and older until the Division acts on the requested prior authorization.

VI. Service-Specific Prior Authorizations Approved or Appealed Prior to March 15, 2002

A. Approved Prior Authorizations

The Division will pay claims for dental services that will not be covered on or after March 15, 2002, under prior authorizations issued before March 15, 2002, as follows:

1. Prior Authorization for Treatment Begun Before March 15, 2002

If, before March 15, 2002, prior authorization is received and the provider begins a procedure that will not be covered on or after March 15, 2002, MassHealth will still pay for the procedure, **but only if it is completed by the date on which the prior authorization expires.**

2. Prior Authorization for Treatment Begun March 15, 2002 or Later

If prior authorization is received before March 15, 2002, for a procedure that will not be covered on or after March 15, 2002, and the provider has not yet begun that procedure, MassHealth will still pay for the procedure, **but only if it is completed by the date on which the prior authorization expires or June 30, 2002, whichever is earlier.**

B. Denied or Modified Prior-Authorization Decisions Made Prior to March 15, 2002

If the member appeals any prior-authorization decision made prior to March 15, 2002, the Division will pay for the service if the Board of Hearings or court does not uphold the Division's decision.

C. Billing Instructions

1. Providers must bill paper claims in the above instances to the following address:

Division of Medical Assistance
Special Dental Billing Unit
600 Washington Street, 6th Floor
Boston, MA 02111

2. If providers submit electronic claims that are denied, such claims may be resubmitted on paper to the above address.

VII. Other Regulation Changes

Effective March 15, 2002, prior authorization will no longer be required for alveoplasty and frenectomy.

VIII. Web Site Access

This transmittal letter, the attachments, and the other provider bulletins are available on the Division's Web site at www.mass.gov/dma/whatsnew/new_IDX.htm.

IX. Where to Call With Questions

Providers may call MassHealth Provider Services at 617-628-4141 or 1-800-325-5231. Members may call the MassHealth Customer Service Center at 1-800-841-2900 (TTY at 1-800-497-4648 for the deaf and hard of hearing) Monday through Friday 8:00 A.M. to 5:00 P.M.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Dental Manual

Pages iv, iv-a, and 4-1 through 4-46

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Dental Manual

Pages iv and 4-1 through 4-14 — transmitted by Transmittal Letter DEN-58

Pages 4-15 through 4-40 — transmitted by Transmittal Letter DEN-55

MASSHEALTH DENTAL SERVICES GENERAL GUIDELINES

This chart is intended for use as general guidelines for determining MassHealth covered dental services for eligible members. Please consult the regulation cited for each service for a complete description of the conditions and limitations that may apply to each service. If the guidelines conflict in any way with the dental regulations at 130 CMR 420.000, the regulations prevail.

Dental Service	Children (up to 21)	Existing Conditions/ Limits 130 CMR 420.	Adults (21+) (Prior to 03/15/02)	Adults with Special Circumstances as of 03/15/02	Conditions/ Limits as of 03/15/02 130 CMR 420.	Other Adults as of 03/15/02	Conditions/ Limits as of 03/15/02 130 CMR 420.
1. DIAGNOSTIC							
Oral evaluation – comprehensive	Yes	422(A)	Yes	Yes	433	No	443
Oral evaluation – periodic	Yes	422(B)	Yes	Yes	433	No	443
Emergency-care visit	Yes	422(C)	Yes	Yes	433	Yes	443
X rays							
• Full mouth	Age 13-20 (>1/3CY*)	423(B)(1) (a)	Yes (>1/3CY*)	Yes (>1/3CY*)	434	Yes	444(A)(1)
• Mixed dentition	Age 6-12 (>3/CY*)	423(B)(1) (b)	No	No	434(A)	No	444
• Bite-wing survey	Yes (>4 twice/yr*)	423(B)(2)	Yes (>4 twice/yr*)	Yes (>4 twice/yr*)	434	Yes (2)	444(A)(2)
• Periapical	Yes (>4*)	423(B)(3)	Yes (>4*)	Yes (>4*)	434	Yes (>4*)	444(A)(3)
• Panoramic (surgical condition)	Yes (some*)	423(C)(1)	Yes (some*)	Yes (some*)	434	Yes (some*)	444(B)
• Panoramic (non- surgical)	Yes*	423(C)(2)	No	No	434(B)	No	444(B)
Photographic prints	Yes	423(D)	No, unless DMA requests	No, unless DMA requests	434(B)	No, unless DMA requests	444(C)
2. PREVENTIVE							
Prophylaxis/cleaning	Yes (>1/6mos*)	424(A)	Yes (>1/6mos*)	Yes (>1/6mos*)	435	No	445
Topical fluoride	Yes	424(B)(1)	Only for dry mouth*	Only for dry mouth*	435(A)	Only for dry mouth*	445
Fluoride supplements	Through Rx program	424(B)(2)	No	No	435(A)	No	445
Deep scaling/curettage	Yes*	424(C)	Yes*	Yes*	435	No	445
Gingivectomy or gingivoplasty	Yes*	424(D)	Yes*	Yes*	435	No	445
Sealants	Age 5-20	424(E)	No	No	435(B)	No	445
Mouth guard	Yes*	424(F)	No	No	435(B)	No	445
3. RESTORATIVE							
Amalgam restorations	Yes	425(A)	Yes	Yes	436	No	446
Composite resin							
• Anterior teeth	Yes	425(B)(2)	Yes	Yes	436	No	446
• Single posterior tooth	Yes	425(B)(3)	Yes	Yes	436	No	446
• Fractured permanent anterior tooth	Yes (lieu of full crown) (some*)	425(B)(4)	No	No	436(A)	No	446
• Composite crown- anterior	Yes	425(B)(6)	No	No	436(A)	No	446
• Preventive resin restorations	Yes	425(B)(7)	No	No	436(A)	No	446
Reinforcing pins	Yes	425(C)	Yes	Yes	436	No	446
Crowns, posts, and cores							
• Perm incisors, canines, bicuspid, first molars	Yes*	425(D)(3)	No	No	N/A	No	N/A
• Anterior teeth	Yes*	425(D)	Yes*	Yes*	436(B)(1)	*Only as extraction alternative	446
• Posterior teeth	No	425(D)(3)	*Only as extraction alternative	*Only as extraction alternative	436(B)(2)	*Only as extraction alternative	446
• Acrylic jacket crowns	Yes	425(D)(1)	No	No	436(B)(1)	No	446
• Stainless-steel or prefab resin crowns	See below	See below	No	No	436(B)(1)	No	446
• Above-primary incisors	Under age 6	425(D)(7)	N/A	N/A	N/A	N/A	N/A
• Above-primary canines	Under age 9	425(D)(7)	N/A	N/A	N/A	N/A	N/A
• Crown repair	Yes (some*)	425(D)(8)	Yes (some*)	Yes (some*)	436	No	446
Fixed bridgework (anterior teeth)	Age 16-20*	425(E)(1)	No	No	436(C)	No	446
Bridgework repair	Yes (some*)	425(E)(3)	No	No	436(C)	No	446

* Medical necessity PA required (in addition to Special Circumstances PA).

Dental Service	Children (up to 21)	Existing Conditions/ Limits 130 CMR 420.	Adults (21+) (Prior to 03/15/02)	Adults with Special Circumstances as of 03/15/02	Conditions/ Limits as of 03/15/02 130 CMR 420.	Other Adults as of 03/15/02	Conditions/ Limits as of 03/15/02 130 CMR 420.
4. ENDODONTIC							
Pulpotomy	Yes	426(A)	No	No	437(A)	No	447
Root canal (permanent incisors, canines, bicuspids, first molars)	Yes*	426(B)	N/A	N/A	N/A	N/A	N/A
Above – anterior teeth	Yes	426(B)	Yes*	Yes*	437(B)(1)	*Only as denture alternative	447
Above – posterior teeth	No	426(B)	*Only as denture alternative	*Only as denture alternative	437(B)(2)	*Only as denture alternative	447
Apicoectomy	Yes (separate procedure*)	426(C)	Yes	Yes (separate procedure*)	437	No	447
5. PROSTHODONTIC							
Dentures							
• Full (permanent)	Yes*	427(A)(1) (a)	Yes*	Yes*	438	Yes*	448
• Immediate	Yes*	427(A)(1) (b)	No	No	438(A)	No	448(A)
• Partial upper and lower (without bar) (permanent)	Yes*	427(A)(1) (c)	Yes*	Yes*	438	Yes*	448
• Partial upper and lower (with bar) (permanent)	Yes*	427(A)(1) (d)	No	No	438(A)	No	448(A)
• Replacement	Yes*	427(F)	Yes*	Yes*	438	Yes*	448(C)
• Full relines and rebases	Yes*	427(H)	Yes*	Yes*	438	Yes*	448(B)
6. ORTHODONTIC							
Orthodontic services	Yes*	428(A)-(N)	No	No	428	No	428
7. EXODONTIC							
Simple extraction	Yes	429(B)	Yes	Yes	439	Yes	449
Surgical removal of erupted tooth	Yes	429(C)	Yes	Yes	439	Yes	449
Surgical removal of impacted tooth	Yes*	429(D)	Yes*	Yes*	439	Yes	449
Surgical exposure of impacted tooth	Yes*	429(D)(8)	No	No	439	No	449(A)
Alveoplasty (inclusive of below)	Yes (some*)	429(E)	Yes	Yes	439	Yes	449
Frenectomy	Yes	429(F)	Yes	Yes	439	Yes	449
Excision of hyperplastic tissue	Yes*	429(G)	Yes*	Yes	439	Yes	449
• Post-operative visits (routine and non-routine)	Yes	429(H)	Yes	Yes	439	Yes	449
8. OTHER SERVICES							
General anesthesia and IV sedation (office, separate procedure) ^	Yes	452	Yes	Yes	452	Yes	452
Oral and maxillofacial surgery services	Yes (some*)	453(B)	Yes (some*)	Yes (some*)	453(B)	Yes (some*)	453(B)
Orthognathic surgery	Yes*	453(C)	Yes*	Yes*	453(C)	Yes*	453(C)
Maxillofacial prosthetics	Yes*	455	Yes*	Yes*	455	Yes*	455
Hospital admission for certain disabled members	Yes*	456(A)	Yes*	Yes*	456(A)	Yes*	456(A)
Oral screenings for certain members	Yes*	456(C)	Yes*	Yes*	456(C)	Yes*	456(C)

* Medical necessity PA required (in addition to Special Circumstances PA).

^ Other analgesics and local anesthetics may be included in rate for procedure.

MassHealth Dental Program: Special Circumstances Guidelines

Part I

Special Circumstances Criteria 130 CMR 420.410(D)(1)

To demonstrate special circumstances, the member must have

- (a) a severe, chronic disability that
 - (i) is attributable to a mental or physical impairment or combination of mental or physical impairments;
 - (ii) is likely to continue indefinitely; and
 - (iii) results in the member's inability to maintain oral hygiene; or
- (b) a clinical condition (such as human immunodeficiency virus or cancer) that has advanced to a stage where an infection resulting from oral disease would likely be life-threatening.

Part II

Required Documentation: 130 CMR 420.410(D)(2)

The provider's prior-authorization request must contain a clear, written statement signed by the member's physician or primary care clinician (on the clinician's letterhead) describing the member's disability or clinical condition including, but not limited to, the member's specific diagnosis and expected prognosis, **and**

- (a) whether, and specifically why, the member's disability results in the member's inability to maintain oral hygiene; **or**
- (b) whether the member's clinical condition has advanced to a stage where an infection resulting from oral disease would likely be life-threatening, including reference to specific supporting diagnostic evidence.

Part III

Inability to Maintain Oral Hygiene: 130 CMR 420.410(D)(3)

For purposes of 130 CMR 420.410(D)(1)(a) and (2)(a), "inability to maintain oral hygiene" means that

- (a) the member is unable to
 - (i) independently or with assistance (provided that such assistance actually is available), brush and floss his or her teeth and perform other routine acts of personal oral hygiene; **or**
 - (ii) report oral pain; **or**
- (b) the nature of the member's disability is such that routine acts of personal oral hygiene are insufficient to effectively maintain such hygiene.